

## W-2 Plan Modification Submittal 2004-2005 Contract

Please print or type in all spaces except signature.

W-2 Agency Name
W-2 Geographic Area (complete a separate form for each W-2 Contract)

Instructions: Indicate with a ✓ items included in the agency's Plan Modification submission.

Definitions: (See Response Item Instructions for complete definitions)

**Option 1:** Not Applicable (N/A). Requires a brief statement as to why that subsection is not applicable. Does not require completion of any response items in that subsection.

**Option 2:** Current plan is adequate or adequate with minor modifications. Requires a brief narrative regarding adequacy or minor modifications. Does not require completion of any response items in that subsection.

**Option 3:** Agency is modifying current plan. Requires completion of all response items in that subsection.

Subsection #	Subsection	Option 1: N/A	Option 2: Current	Option 3: Modification
<b>Capacity Response Items</b>				
1.A.	Management of Contract Costs*			
<b>Program Response Items</b>				
2.A	Up-front Workforce Attachment Services			
2.B	Job Development, Retention and Advancement			
2.C	Community Service Job (CSJ) Administration			
2.D	SSDI/ SSI Advocacy			
2.E	W-2 Participant Services Review Prior to Closure*			
2.F	Refugee Services**			
<b>Targeted Outcome Response Items</b>				
3.A	Workforce Attachment and Caseload Fluctuation*			
<b>Attachments</b>				
	Cost Plan*			
	Refugee Services Plan**			
	Allocations			
	W-2 Participants by Placement			

\*Requires Option 3

\*\*Required only of agencies receiving increased W-2 funding due to refugee resettlement. Requires Option 3. Due on September 17, 2004.

W-2 Agency Director Name or Designee (If, attach Designee Authorization.)	
Signature	Date of Signature